

## READING BOROUGH COUNCIL

### REPORT BY DIRECTOR OR ADULT CARE AND HEALTH SERVICES

TO:	ADULT SOCIAL CARE, CHILDREN'S SERVICES AND EDUCATION COMMITTEE		
DATE:	11 July 2018	AGENDA ITEM:	14
TITLE:	CONTINUING HEALTHCARE (CHC) FUNDING		
LEAD COUNCILLOR:	COUNCILLOR JONES	PORTFOLIO:	ADULT SOCIAL CARE
SERVICE:	DACHS	WARDS:	BOROUGHWIDE
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#### 1. EXECUTIVE SUMMARY

- 1.1 The Adult Social Care, Children's Services and Education Committee (ACE) on 12<sup>th</sup> December 2017, requested an update Report in relation to Continuing Health Care, (CHC) with an analysis to identify why the number of people in Reading accepted as eligible for 100% CHC funding has remained low compared to other local authorities across the South East and when considering the national average; and to report actions taken to date.
- 1.2 In responding to ACE regarding the analysis of the data sources explored, Reading remains the lowest in the Country, and, Adult Social Care working with the CCG continues to explore the reasons behind the low levels of eligibility in the area for CHC.
- 1.3 The analysis shows North West Reading were above average for the number of eligible standard submission of CHC checklist in Quarter 3, however the overall total continues to remain low.
- 1.4 The Report highlights the learning and explorations that Berkshire West CCG are undertaking with other CCG areas and highlights national work on the NHS CHC Strategic Improvement Programme in which the CCG are fully engaged.
- 1.5 The Report makes some suggestions for further exploration with Berkshire West CCG in relation to integrated work to improve the individual's experience.

## 2. RECOMMENDED ACTION

- 2.1 That the analysis of the position related to Continuing Health Care (CHC) in Reading be noted.
- 2.2 That the actions taken to ensure application of the CHC criteria as required be noted.

## 3. BACKGROUND

- 3.1 NHS Continuing Healthcare (CHC) is a package of ongoing care that is arranged and solely funded by the NHS, where the individual has been assessed and found to have a 'primary health need' as set out in the National Framework. **(National Framework for NHS Continuing Healthcare and NHS Funded Nursing Care - (revised) March 2018.** Such care is provided to an individual aged 18 or over, to meet the health and associated social care needs that have arisen as a result of disability, accident or illness.
- 3.2 In order to be eligible and receive NHS CHC funding, individuals have to be assessed by Clinical Commissioning Groups, (CCGs) according to legally prescribed national criteria to determine whether the individual is eligible and has a 'primary health need' Eligibility is based on assessed care needs, rather than a particular diagnosis or condition.
- 3.3 It is important to note that it is illegal for the Local Authority to fund care which should be provided by the NHS, as there is an upper threshold on the level of healthcare that can be provided by any Local Authority. So, to explain this does not refer to a financial threshold, but that LAs can only provide healthcare which is 'incidental or ancillary' to social care. No such threshold exists with regard to the NHS providing Social Care under CHC. It's worth noting that Reading is still able to fund some services to people who are eligible for CHC such as disabled facilities grants, assistance with childcare, deputyship and wider support services that are not part of care.
- 3.4 The Responsible CCG for assessing and funding individuals who may be eligible for CHC is the CCG of which the individual's GP is a member at the time they become eligible for CHC funding. This means that if an individual who is eligible for care and support needs, and is funded by the Council, is then placed out of the Reading area, and at a later date they become eligible for CHC funding, the responsible CCG will be the CCG where they are GP, registered at that time, and therefore would not be calculated in the figures presented.
- 3.5 THE ADULT CARE AND EDUCATION COMMITTEE DATED (12<sup>th</sup> December 2018 resolved)  
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  - (1) That the progress of the Continuing Health Care Funding Review and completion of the agreed Joint Action Plan be noted;

- (2) That the changes to the Council and Continuing Health Care application process and new Action Plan be noted;
- (3) That further work be carried out to identify why Reading still had a relatively low level of Continuing Health Care funding compared to neighbours and the national average, and to take further action to address as required;
- (4) That a further update/progress report, including a detailed analysis of the data, be submitted to the meeting on 5 April 2018;
- (5) That the report to be submitted to the meeting in April 2018 also include an investigation of children's CHC funding and an explanation as to why so few children in the Borough were meeting the threshold.

3.6 This report sets out the requests in 3, 4 and 5. The Report was rescheduled from April 2018 due to the benefit of a full year's CHC data being available for analysis.

#### 4. CONTINUING HEALTH CARE IN READING

NHS Continuing Healthcare can be provided in a range of settings, including a specialist environment and the person's own home. The treatments, care and equipment required to meet complex, intense and unpredictable health needs can depend on highly trained professionals for safe delivery, management and clinical supervision. Specialised care, particularly for people with complex needs may only be provided in specialist environments and may be a distance from the patient's ordinary place of residence. For such cases there is likely to be limited choice of a safe and affordable package of care.

Specialist placements can be very costly, and the NHS has a duty to ensure that they represent value for money, that patients' needs are met safely, and that needs are reviewed regularly to ensure that quality of care is provided in the most appropriate environment. This may involve stepping patients down to a less intensive care package if their needs no longer require CHC specialist placement/intervention; this can then impact adult social care.

South Reading, North and West Reading CCG's hold the responsibility to promote a comprehensive health service on behalf of the Secretary of State and to not exceed its financial allocations. It is expected to take account of patient choice but must do so in the context of those two responsibilities. Therefore, it may *not* be possible to support choices in all circumstances on the grounds of unacceptable risk in a preferred placement, or on the grounds of the cost variance between alternative packages of care to meet need.

CHC Decisions being made must be:

- robust, fair, consistent and transparent
- based on the objective assessment of the patient's clinical and social
- need, patient preferences, safety and best interest
- support choice
- involve the individual and their family or advocate
- have regard for the safety and appropriateness of care packages
- provided by those involved in care delivery
- take into account the need for the CCG to allocate its financial
- resources in the most cost effective way
- be consistent with the principles and values of the NHS Constitution

In October 2017, Reading's arrangement with Wokingham Borough Council for processing of CHC applications on behalf of RBC was de-commissioned. The actions in relation to the transfer are now completed. The CHC process for RBC is now managed via the Eligibility and Risk Panel to ensure that any new individuals with assessed care and support needs, or reviewed and changes to packages are overseen, if they require an assessment for CHC, this is identified, and the relevant referral made with a "Checklist". The Checklist is a screening tool which identifies if a person is eligible for a full CHC assessment. It should be noted that the threshold for completing a checklist is set deliberately low and it should be made clear to people and/ or their representatives that a positive checklist does not indicate that the person is eligible for CHC, it only indicates that they are eligible for a full assessment.

Any successful application for CHC means that the individual will not pay financial contributions, towards their care as NHS care is free at the point of delivery. It may be that an individual's CHC needs when subsequently reviewed are found to have reduced so that they cease to be eligible for CHC and Adult Social Care become responsible for meeting their care and support needs, in which case the individual would need to be assessed to contribute to the cost of their care.

The Mental Capacity Act 2005 (MCA) provides a statutory framework to empower and protect vulnerable people who are unable to make their own decisions. The Act ensures that people are given the opportunity to participate in decisions about their care and treatment to the best of their capacity. It covers all aspects of health and social care. Individuals should be given all the appropriate help and support to enable them to make a decision.

The CCG's Nurse Assessor will support an individual in making the decision as to where they wish to live. However, if concerns arise that an individual does not have the mental capacity to make the decision as to where they live. A mental capacity assessment will be undertaken by the professional(s) who are responsible and have good knowledge of the individual and their care needs. If it is assessed that the patient lacks capacity, the Decision Maker will decide which package would support the patient in his/her best interest. This decision will take into account the views of the patient's family and any known wishes of the patient.

Where an individual has previously been self-funding and is found eligible for continuing healthcare, the individual or family must seek prior approval from the CCG for any change in the care package location unless they intend to pay for the full cost of care privately.

The government confirmed their commitment to introduce a 'right to ask' for a personal health budget for people in receipt of NHS Continuing Healthcare by April 2014. A personal health budget is an amount of money to support a person's identified health and wellbeing needs, planned and agreed between the person and their local NHS team. Personal health budgets are to enable people with long term conditions and disabilities to have greater choice, flexibility and control over the health care and support they receive and the personal budgets team in Reading support ten Fast Track CHC cases each week, which remains positive. The person with the personal budget is able to:

- choose the health and wellbeing outcomes they want to
- achieve, in agreement with a healthcare professional
- Know how much money they have for their health care and support
- create their own support plan, with guidance from a
- health professional and a support broker
- choose how their budget is held and managed, including the

- ask for a direct payment
- spend the money in ways and at times that make sense to them, as agreed in their support plan.

#### 4.1 REVIEW OF CONTINUING HEALTH CARE INFORMATION/DATA IN READING

A total number of CHC funded packages for 2017/18 was 209. This is a decrease from 2016/17, however the manual data collection commenced in October 2016. As at 31st March 2017, 134 individuals received CHC funded packages over a 6 month period.

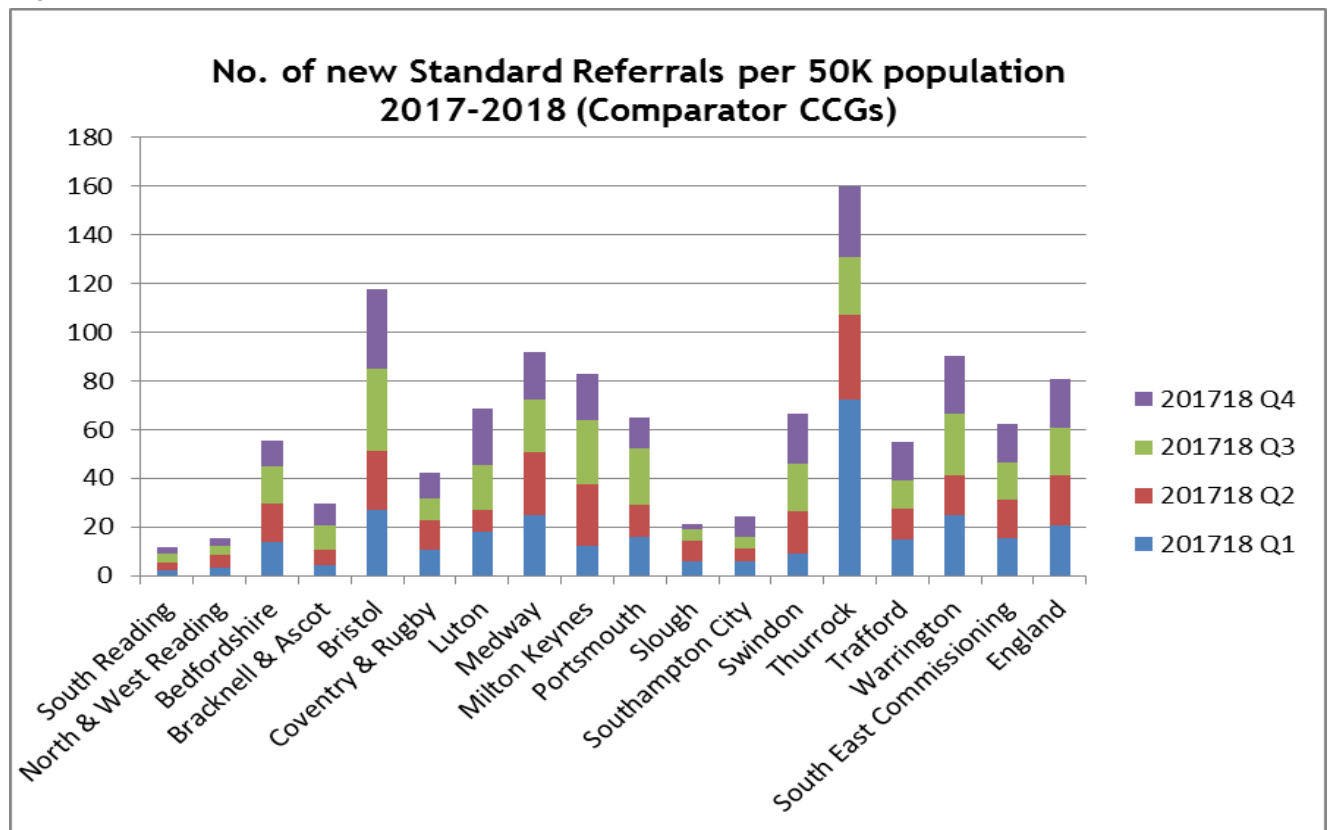
The first stage of the CHC process is to complete a "Checklist" to determine whether a full CHC assessment should be carried out. The Checklist can be completed by a GP, Nurse, Social Worker or other qualified professional. Numbers of referrals from the Council for checklist completion remained low for Quarter 3 and 4 in 2016 - 11 referrals out of a total of 145 in the 6 month period. In 2017/18 the total number referred by the Council was 32 out of 239 for the full year. The highest number of "Checklists" was completed by the acute trust.

The revised National Framework for Continuing Health Care being implemented in October 2018 stipulates that the majority of assessments should take place outside of an acute hospital setting. The Reading Integration Board and the A and E Delivery Board for Berkshire West 10 (BW10) needs to consider how best this can be achieved working with a wide range of partners. The requirement nationally that less than 15% of all full CHC assessments take place in an acute setting was met by both Reading South and Reading North and West CCGs during 2017/18. The percentages completed were 9% and 20% respectively which met the targets in the CHC improvement plan submitted to NHS England, which was a good result.

## 4.2 DATA ANALYSIS

The data below explains the position in 2017/18.

No. 1



Please Note: The Comparator Groups are the CCGs not Local Authority areas. Gaps are where either is not available or not collected.

The graph above illustrates the number of standard referrals for CHC made in each Quarter in 2017/18, per 50k population. The Reading position has remained unchanged from previous years, and is still low. This has continued to challenge the system to understand the reasons why. It is clear from the data that there is a difference between the numbers of referrals made and the numbers that are being converted to full CHC, once an assessment is completed.

As part of this review the interim Head of Service for Adult Social Care is contacting other Local Authorities that are considerably higher than Reading, to gain insight regarding the CHC process, pathway and overall position. The CCG is equally engaged in work with Health colleagues at both regional and local levels in determining the local Reading position. It is planned that the findings will be reported to the Reading Integration Board in September 2018.

It's worth noting that those areas with higher CHC packages of healthcare have a higher ageing older people populations, compared to Reading's higher working age group of need.

(See Appendix 1 - CHC Regional Comparator Group for CHC)

The table below provides the position from 1<sup>st</sup> April 2017 to 31<sup>st</sup> March 2018. It is challenging to compare the data with previous years, as the NHS data format has changed for 2017/18

reporting, as part of the need to have a more consistent reporting structure so that comparisons can be made.

It's important to note that there are two different processes when assessing for CHC. Firstly, a standard application is made when a health or social care professional determines, through an initial assessment or review of a person's needs, that the person may fall with the NHS CHC criteria. They would then complete the Checklist which is then referred to the CCG and a full CHC assessment and decision making will follow. All CHC eligibility decisions are subject to appeal. Secondly, a Fast Track application is a process that applies to individuals with a rapidly deteriorating health condition who may be entering a terminal phase and may require immediate provision of CHC. This may include end of life care.

### No 2 - CHC Statistics, 31<sup>st</sup> March 2018.

CCG	No. Eligible for CHC per 50K population (snapshot at Year end)			
	Standard		Fast Track	
	2016-2017	2017-2018	2016-2017	2017-2018
South of Reading	7	8	2	3
North & West Reading	14	14	4	5
Newbury & District	16	14	2	1
Wokingham	16	18	3	1
England	44	40	19	5
South East		32		16
South Central 2016	27		10	
Comparator CCGs	42	39	10	11

Source: NHS England CHC statistics May 2018

The data in (No 2) as in (No 1) supports that Reading CHC eligibility for standard applications per 50K population for both CCGs remains significantly lower than our Comparator CCGs, the South East and the national average in 2016/17 and 2017/18

### No. 3

CCG	Referral Conversion Rate 31/3/2018	
	Standard	Fast Track
South of Reading	11%	86%
North & West Reading	19%	95%
Newbury & District	30%	100%
Wokingham	12%	100%
England	22%	93%
South East	22%	95%
Comparator CCGs	25%	93%

Source: NHS England CHC statistics May 2018

#### No. 4

	Assessment Conversion Rate 31/3/2018	
	Standard	Fast Track
South of Reading	21%	100%
North & West Reading	32%	100%
Newbury & District	38%	100%
Wokingham	24%	100%
England	28%	100%
South East	27%	100%
Comparator CCGs	34%	100%

(No 3) and (No 4) show the conversion rates where applications that have been identified and accepted for full Continuing Health Care funding assessment have then transferred to full CHC funding. The number of assessments that turn into CHC funded care remains low for standard referrals in South Reading but in North and West Reading the assessments are nearer the national average, however somewhat lower than our comparator groups. This data suggests that the number of people who are Fast Tracked shows that those with greatest immediate healthcare needs are receiving CHC funding supporting the most vulnerable in Reading.

The CCG allocate all assessments at the point of referral, and currently have no assessments waiting to be allocated. In Quarter 4 of 2017/18 the CCG achieved 80% of assessments completed within 28 days. Those who were not completed had reasons related to collating of information particularly if it was linked to a specific health condition. This target was met by Reading North and West CCG, but not Reading South CCG.

In 2017/18, 7 cases were heard at the Appeal Panel, a further 5 lodged complaints, with 3 being presented to the Independent Review Panel, and 3 being referred to the Ombudsman. Of the 6 cases which have been heard at Appeal, the CCG have overturned one case and upheld the remainder. Similarly, the Parliament Health Service Ombudsman has overturned one case and upheld the remaining 2. Any lessons from these situations will be shared with the Reading integration Board so that all members of the Board are able to understand if they have a role in ensuring that the assessment and decision making process has been completed, so that individuals receive the most appropriate care to meet their needs particularly if it relates to primary health need.

#### 5. ACTIONS TO SUPPORT CHC

1. The Council ensures through its assessments and reviewing functions that individuals and their families/carers that may be entitled to CHC, receive the correct information so that they are aware of their right to ask for a "checklist" to be completed to see if they satisfy the threshold for proceeding to a full Continuing Healthcare assessment.
2. The Council through its Personal Budgets Team provide a care support service working with the CCGs for Fast Track community based packages of Continuing Healthcare. The team currently support 10 individuals each month to live in the



community receiving Domiciliary Care through the Council's Personal's Budget Support Team funded by CCG. Services are sourced from 32 domiciliary agencies with a range of expertise and skills in meeting the needs of people with social care and CHC needs.

3. Discussions are underway with the CCG to propose that we should consider extending this arrangement to include placements in nursing homes. The Council has 383 nursing beds in the Borough, and whilst we do not commission with all, we have a good oversight of the market place and can support the CCG to ensure a joined up and integrated approach to the provision of services, stabilisation of placement costs to ensure a fair Reading price for the service that is being delivered, and also to enable discharges to care homes pending assessments. This would promote a joined up approach to the negotiations, provision and securing nursing homes as needed, whether it is health or social care.
4. Currently both CHC and ASC access the same Domiciliary care agencies and the same Residential and Nursing Care Homes across Reading, therefore Commissioning are also in consultation with the CCG regarding the strategic review of domiciliary care and residential and nursing care homes across Reading, so as to seek the opportunity to develop a joint framework supporting Care at Home that will develop a more robust CHC pathway, enabling both CHC and ASC packages to access the same set of Domiciliary care agencies across Reading, standardising quality of care, regardless of funding type or person accessing the service, also exploring with CCG joint quality monitoring resources.
5. The Council is engaged in the CHC Panel that considers all applications following the full CHC assessment. If there are any occasions when agreement can't be reached, the Chair of the panel makes the decision on behalf of the CCG. In the event the council disagrees with decision we can then lodge a dispute using the Jointly Agreed Berkshire Policy.
6. Training in CHC is mandatory for all Adult Social Care staff. It is included in the standard induction for all new staff and comprises of the NHS England e-learning tool and training provided by the CCG. Specific training is being sourced for Adult Social Care staff this year from a nationally recognised specialist trainer. This will take place in September 2018.
7. The Council's Internal Audit is currently carrying out an audit of the CHC processes to identify any further improvements which can be made within the Council.
8. The Council continues to review packages of care on an annual basis and currently we have a specialist review team to undertake a number of reviews to ensure equity of care and support packages. There is an 18/19 saving of £500,000 to bring packages in line with care and support plans. The Council will be reviewing the 846 (today's figure) reviews left to be completed. Those reviews with high dependency levels were prioritised in 17/18 for completion; therefore it is unlikely the remaining ones will meet the eligibility criteria for a CHC checklist. 271 reviews have been completed by this team to date and the plan is to have achieved the remaining 846 by March 2019.
9. The Council has been considering ways to work cooperatively with the CCG due to the challenge of the CHC process. We are exploring the feasibility of identifying a specific

dedicated social work resource to be based within the CHC Team undertaking assessments jointly with the nursing staff so we promote a truly multidisciplinary assessment where both health and social care offer a joined up perspective. This also has the benefit for the individual in that the joint assessment can reduce duplicated work and ensure a joined up model of delivering support to support need.

10. The Reading Integration Board acts as the Governance to CHC. A report is produced on a quarterly basis with the data to track progress and ensure clarity regarding the service and any areas for exploration.

## 6. NATIONAL CONSIDERATIONS OF CHC

When presenting an understanding relating to the CHC situation in Reading, it is helpful to consider some of the national work and the findings of recent work in this area.

In April 2017, the NHS introduced the NHS Continuing Healthcare Strategic Improvement Programme, which will run for two years until 31<sup>st</sup> March 2019. A key component of this programme is to bring together local healthcare leaders and CHC experts to work together to improve the CHC service so there is less variation across the country, assessments are completed in a timely way, standards are set with clear outcomes, and best practice is implemented. Reading CCG is fully engaged in this work in order to see what can be learnt and to try to understand the reasons for Reading being so low in CHC funding.

In January 2018 the House of Commons of Public Accounts Committee issued a report on CHC. (<https://www.parliament.uk/business/committees/committees-a-z/commons-select/public-accounts-committee/inquiries/parliament-2017/investigation-nhs-healthcare-funding-17-19/>) It highlighted that the system did not support effectively making people aware of the funding available, and that they were not helped to navigate through a complicated process to access funding. The Report referred to variation between areas in the numbers of people assessed as eligible to receive CHC funding and referred to 28 to 365 people per 50,000 population in 2015/16, due to differences in how the criteria are applied throughout the Country. Whilst NHS England has expanded the data set from April 2017, there were comments about the shortage of data on CHC which the Report stated means it is difficult for NHS England to know whether CCG's are fulfilling their duty. It also suggested that the data set is not sufficiently complete to be able to explain the complete picture.

The Report highlights how NHS England wants CCGs to make £855 million of savings by 2020–21 against its predicted growth in spending on CHC and NHS-funded nursing care. The concern expressed was that this would result in giving CHC funding to fewer people, or giving individuals less care, or both. The Department and NHS England assured the House of Commons Committee that there would be no cap on access, and that eligibility criteria have not changed. However, the Report highlights that between 2011–12 and 2015–16, the proportion of people assessed as eligible for standard CHC fell from 34% to 29%.

In March 2018 the Department of Health and Social Care published the revised National Framework <https://www.gov.uk/government/publications/national-framework-for-nhs-continuing-healthcare-and-nhs-funded-nursing-care> replace the 2012 version. The revised National Framework sets out to clarify a number of policy areas, but of particular note is the change to providing additional advice about when individuals do and do not need to be screened for CHC in order to reduce unnecessary assessment processes. There are no intended changes to

the eligibility criteria, however the Council will be working with the CCG to ensure a transparent process is in place regarding when individuals need to be screened.

## **7. CHILDREN'S CHC**

At present eight children open to the Children and Young People with Disabilities team are receiving (CYPCC) Children and Young People Continuing Care. Continuing Care has also provided support to children and young people at Ryeish Green Short Break Unit to children open to the service as part of their overall care support plan, funded by the CCG.

Work in 2018/ 19 will concentrate on clarifying the application and eligibility processes and identifying a CHC champion within the Children with disability team. Further work will be carried out in tandem with colleagues in Adult Social Care.

The children's and younger person panel is a more refined CHC pathway and process and we are working together to learn from each other - regarding how the panels can best support people, through a seamless and robust process.

In 2018, the young people with disabilities service are due to move across to the Adult Social Care, and CHC application will be a high priority for this team, applications for full CHC assessment are only made once the checklist is completed.

CHC will also be brought into the SEND strategy as far as is applicable.

## **8. POLICY CONTEXT**

The National Framework for NHS Continuing Healthcare and NHS Funded Nursing Care sets out the guidance principles and process of the national framework. This guidance has been revised and is due to be implanted 1 October 2018. The focus of the intervention by the CCG is to determine eligibility for where an individual has a primary health need. Whilst this process and the decision-making rests with the CCG, staff have been keen to be involved and therefore we need to be mindful of the change in enabling us to agree with the CCG when a Checklist Tool is completed.

Reading South, North and West Reading CCG Clinical Commissioning Group implements the National Framework for NHS Continuing Healthcare and NHS-funded Nursing Care in accordance with the directions from the Department of Health. The National Framework sets out the principles and processes for the implementation of NHS Continuing Healthcare and NHS-funded Nursing Care and it provides national tools to be used for assessment, applications and for fast track cases.

The determination of eligibility for NHS-funded Nursing Care has been integrated into the National Framework so that the same framework for eligibility determination and care planning for NHS Continuing Healthcare also applies for NHS-funded Nursing Care. It uses the same assessment and decision support tools to reach the determination for the funding stream, although individuals should be considered for eligibility for NHS Continuing Healthcare before a decision is reached about the need for NHS funded nursing care.

The Department of Health published a revised framework in November 2012, which does not change the basis of eligibility decisions for NHS Continuing Healthcare, or the overall principles. However, the revised framework seeks to provide greater clarity in the descriptions within the need domains of the Checklist and the Decision Support Tool, giving

greater clarity about the levels and types of need to be considered, as well as changes to the wider information that needs to be recorded and the Fast Track Pathway Tool.

The Council has a responsibility to ensure that people are identified who may have a primary health need working with our CCG partners, ensuring people are assessed under the CHC Checklist, A determination of health need can only be made by the CCG, following a full CHC assessment.

## **7. CONTRIBUTION TO STRATEGIC AIMS**

7.1 The action taken is in line with 2 of the Corporate Plan priorities which are:

- Safeguarding and protecting those that are most vulnerable;
- Remaining financially sustainable to deliver these service priorities.

7.2 And meets the following strategic aim:

- To promote equality, social inclusion and a safe and healthy environment for all

7.3 As well as making a contribution to:

- Sustainability
- Health

## **8. COMMUNITY ENGAGEMENT AND INFORMATION**

The proposed action did not require user involvement; this should not impact upon the outcome for the individuals assessed for CHC.

## **8 EQUALITY IMPACT ASSESSMENT**

An Equality Impact Assessment has been considered and has been deemed not relevant.

## **10. LEGAL IMPLICATIONS**

The National Framework for NHS Continuing Health Care and NHS Funded Nursing Care (November 2012 revised) provides the guidance framework for the provision on Continuing Health Care and NHS Funded Nursing Care. Due to amendments the National Framework for NHS Continuing Healthcare and NHS Funded Nursing Care - (revised) March 2018 will be implemented in October 2018. This does not change the eligibility however states a number of principles to improve the process and raise awareness in terms of guidance and information about the application process.

## **11 FINANCIAL IMPLICATIONS**

The Council has resumed responsibility for identifying and ensuring the CHC process is implemented where necessary and this is managed via the Eligibility and Risk Panel. Since resuming responsibility it is recognised that cases are identified where the individual has been receiving Adult Social Care that dedicated administrative support is required to manage tracking the process and arranging reimbursements of such funds.

The funding that has been identified by RBC where the Continuing Health Care applications were successful for those already receiving Adult Social Care services in 2017/18 was £176K, compared with £225K in 2016/17. It is noted that the CCG will fund from the date the

application when the initial referral is made; with the evidence to identify a full assessment of CHC (a Checklist) is needed.

The CCG budget for Continuing Health Care which also includes NHS Funded Nursing Care - FNC individuals who are not eligible for CHC, but have been assessed as needing care from a registered nurse, and they live in a care home registered to provide nursing care is 8.3 million and the spend in 2017/18 was 7.7 million.

## 12 BACKGROUND PAPERS

ACE Report CHC - December 2017

<https://www.gov.uk/government/publications/national-framework-for-nhs-continuing-healthcare-and-nhs-funded-nursing-care>

[w.england.nhs.uk/statistics/statistical-work-areas/nhs-chc-fnc/2017-18/](http://w.england.nhs.uk/statistics/statistical-work-areas/nhs-chc-fnc/2017-18/)

<https://www.nao.org.uk/report/nhs-continuing-healthcare-investigation/>

<https://www.parliament.uk/business/committees/committees-a-z/commons-select/public-accounts-committee/inquiries/parliament-2017/investigation-nhs-healthcare-funding-17-19>

## CCG Coverage of Reading Borough

Appendix 1

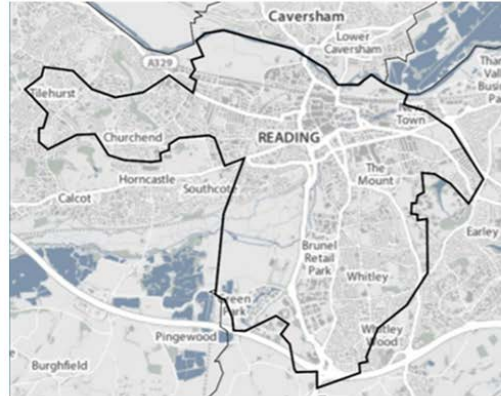
South Reading CCG includes approximately 68% of the population of Reading Borough.

North and West Reading CCG includes approximately 32% of the population of Reading Borough.

North and West Reading CCG



South Reading CCG



## Comparing Rate of Continuing Healthcare (CHC) Eligibility by 60+ Population

The number and rate of people eligible for Continuing Healthcare (CHC) in Reading CCGs (North and West Reading CCG and South Reading CCG) appears to be low.

Benchmarking has been undertaken with other similar areas in order to estimate whether this is likely to be linked to Reading's relatively young population.

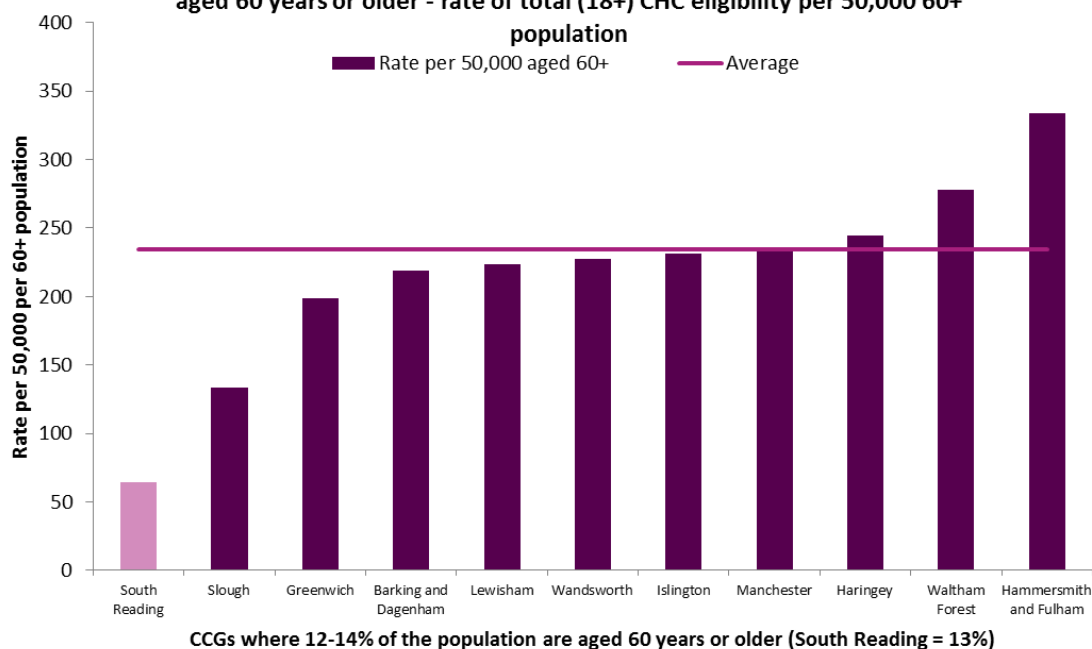
For each CCG in England the Official National Statistics (ONS) data has been used to calculate the number of people in the area aged 60 years or older together with the number of people eligible for CHC at 31<sup>st</sup> March 2018, to calculate a crude rate of CHC eligibility per population aged 60+. This should mean that differences in the age profiles of the populations are taken into account when making a comparison.

In addition, comparisons of the rate of eligibility in the South Reading and North and West Reading CCGs, with CCGs having similar proportions of people aged 60 years or older in the population have been undertaken.

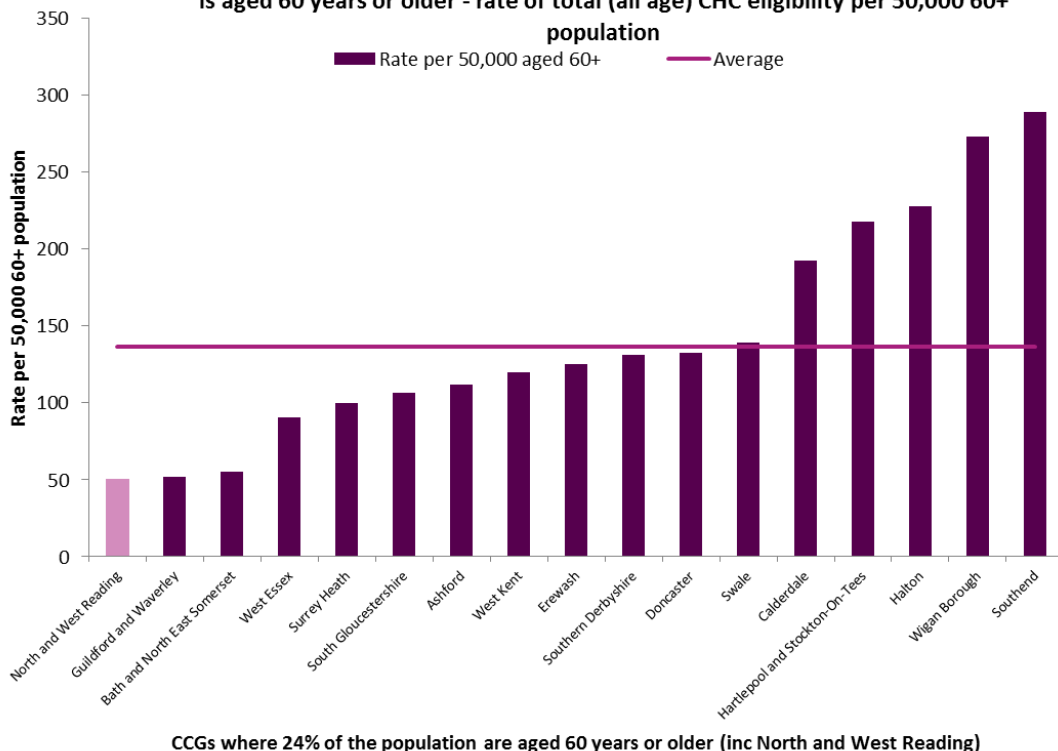
For South Reading CCG, this was CCGs where 12-14% of the population were aged 60+ (13% of South Reading CCG's population are aged 60 years or older). For North and West Reading CCG, this was CCGs where 24% of the population were aged 60 years or older.

These comparisons suggest that the rate of eligibility in both Reading CCGs is still much lower than amongst CCGs with similar proportions of 60+ populations.

South Reading CCG and comparator CCGs where 12-14% of the population is aged 60 years or older - rate of total (18+) CHC eligibility per 50,000 60+ population



North and West Reading CCG and comparator CCGs with 24% of the population is aged 60 years or older - rate of total (all age) CHC eligibility per 50,000 60+ population



## Comparing Rate of Continuing Healthcare Eligibility by Deprivation

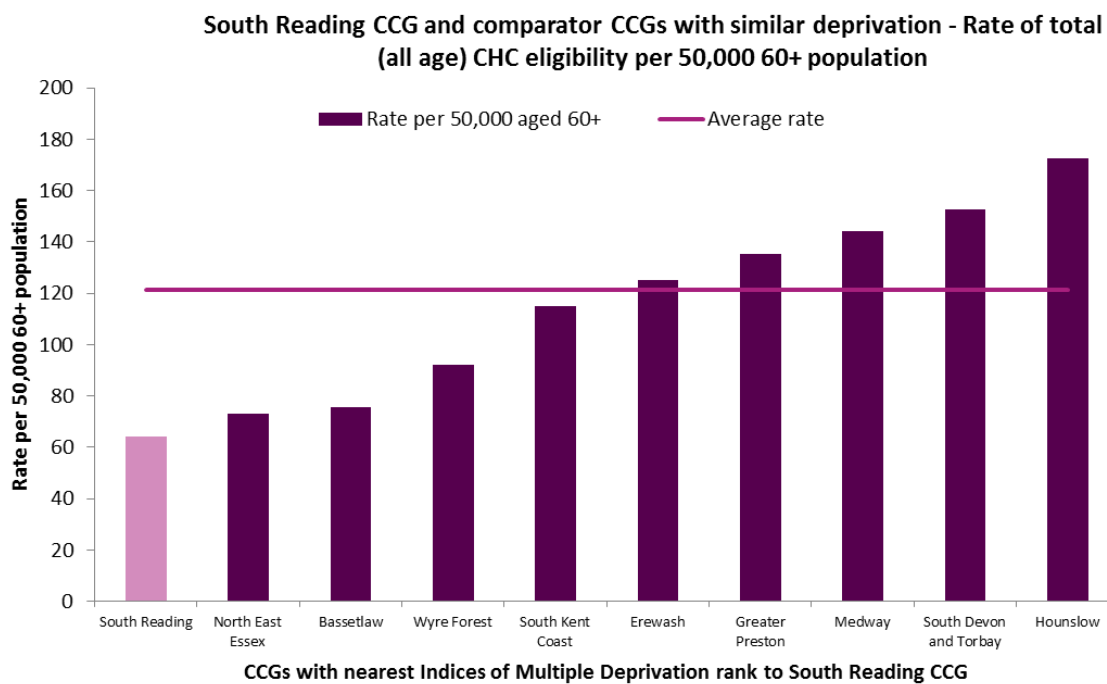
In order to understand whether rate of eligibility is linked to relative deprivation in South Reading and North and West Reading CCGs, we have also compared CHC eligibility per 60+ population with the CCGs with nearest Indices of Multiple Deprivation (IMD)

ranks. Indices of Multiple Deprivation are based on measures in 7 domains – Income, employment, education, health, crime, barriers to housing and services and living environment.

[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/464431/English\\_Index\\_of\\_Multiple\\_Deprivation\\_2015 - Infographic.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/464431/English_Index_of_Multiple_Deprivation_2015_-_Infographic.pdf)

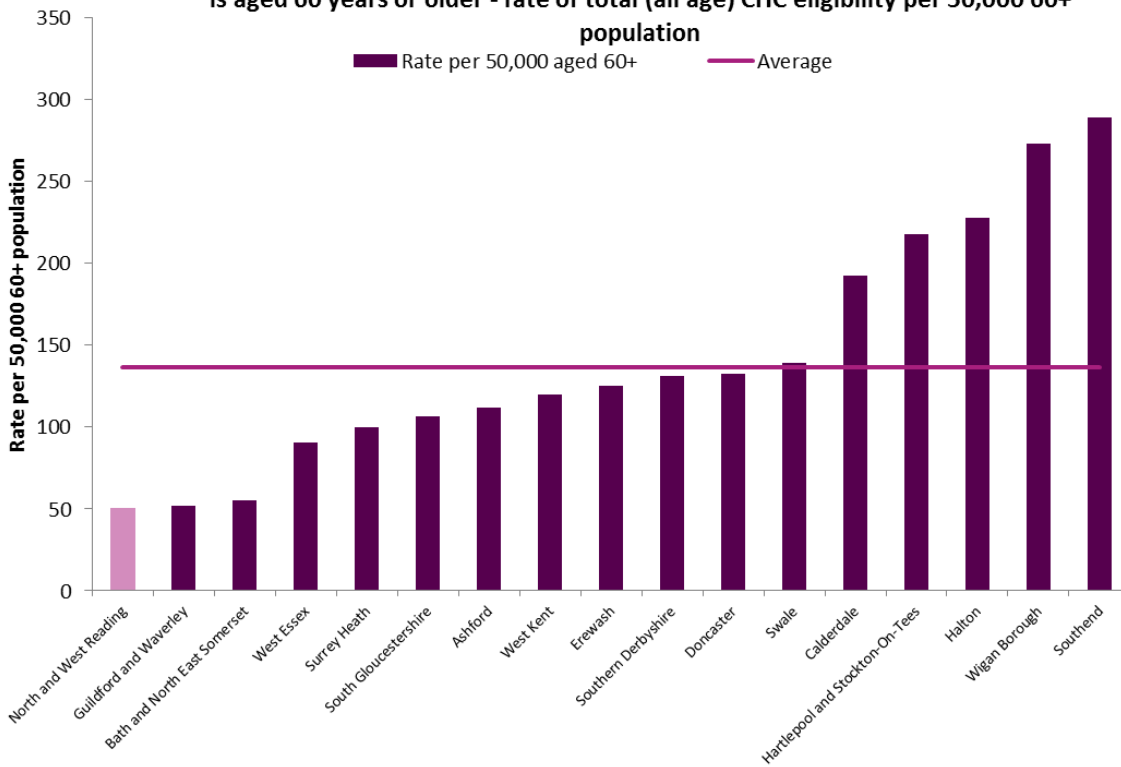
South Reading CCG, which includes 68% of the population of Reading Borough, is ranked 77<sup>th</sup> most deprived of 209 CCGs (where 1 is most deprived and 209 is least deprived). North and West Reading, which includes 32% of the population of Reading Borough, is ranked 196<sup>th</sup>.

These comparisons suggest that the rate of eligibility in both Reading CCGs is still much lower than amongst CCGs with similar levels of deprivation.





**North and West Reading CCG and comparator CCGs with 24% of the population is aged 60 years or older - rate of total (all age) CHC eligibility per 50,000 60+ population**

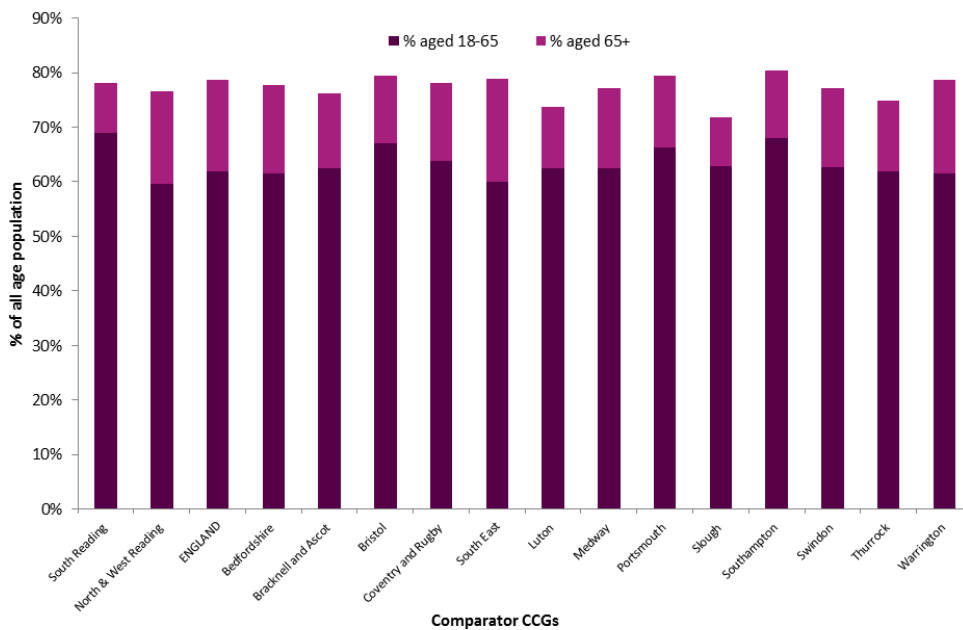


CCGs where 24% of the population are aged 60 years or older (inc North and West Reading)

The number and rate of people eligible for Continuing Healthcare (CHC) in Reading CCGs (North and West Reading CCG and South Reading CCG) appears to be low. We have been asked to compare the percentage of the populations in each of the CCGs in Reading's CCG Comparator Groups and the rate of referrals and assessments completed.

**% of the population aged 18-65 years, 65+ or 60+ in Reading CCGs and CCGs in CCG Comparator Group**

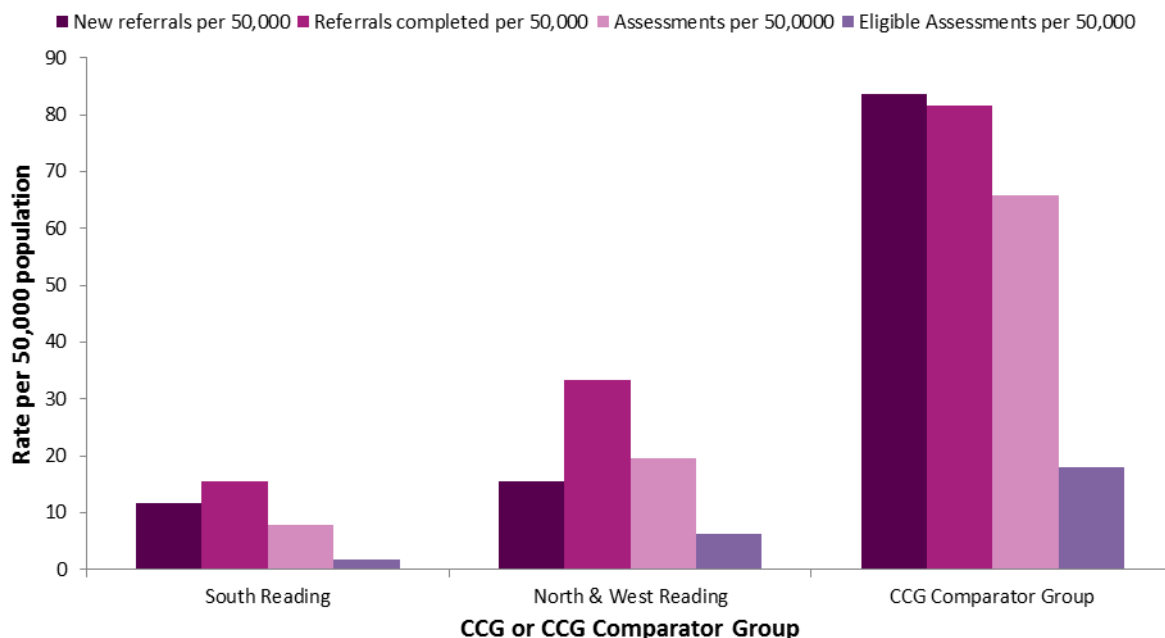
Area	% aged 18-65	% aged 65+	% aged 60+
South Reading	69%	9%	13%
North & West Reading	60%	17%	23%
ENGLAND	62%	17%	22%
Bedfordshire	61%	16%	22%
Bracknell and Ascot	62%	14%	19%
Bristol	67%	12%	16%
Coventry and Rugby	64%	14%	19%
South East	60%	19%	24%
Luton	62%	11%	15%
Medway	63%	15%	20%
Portsmouth	66%	13%	17%
Slough	63%	9%	13%
Southampton	68%	12%	16%
Swindon	63%	15%	20%
Thurrock	62%	13%	18%
Warrington	62%	17%	22%



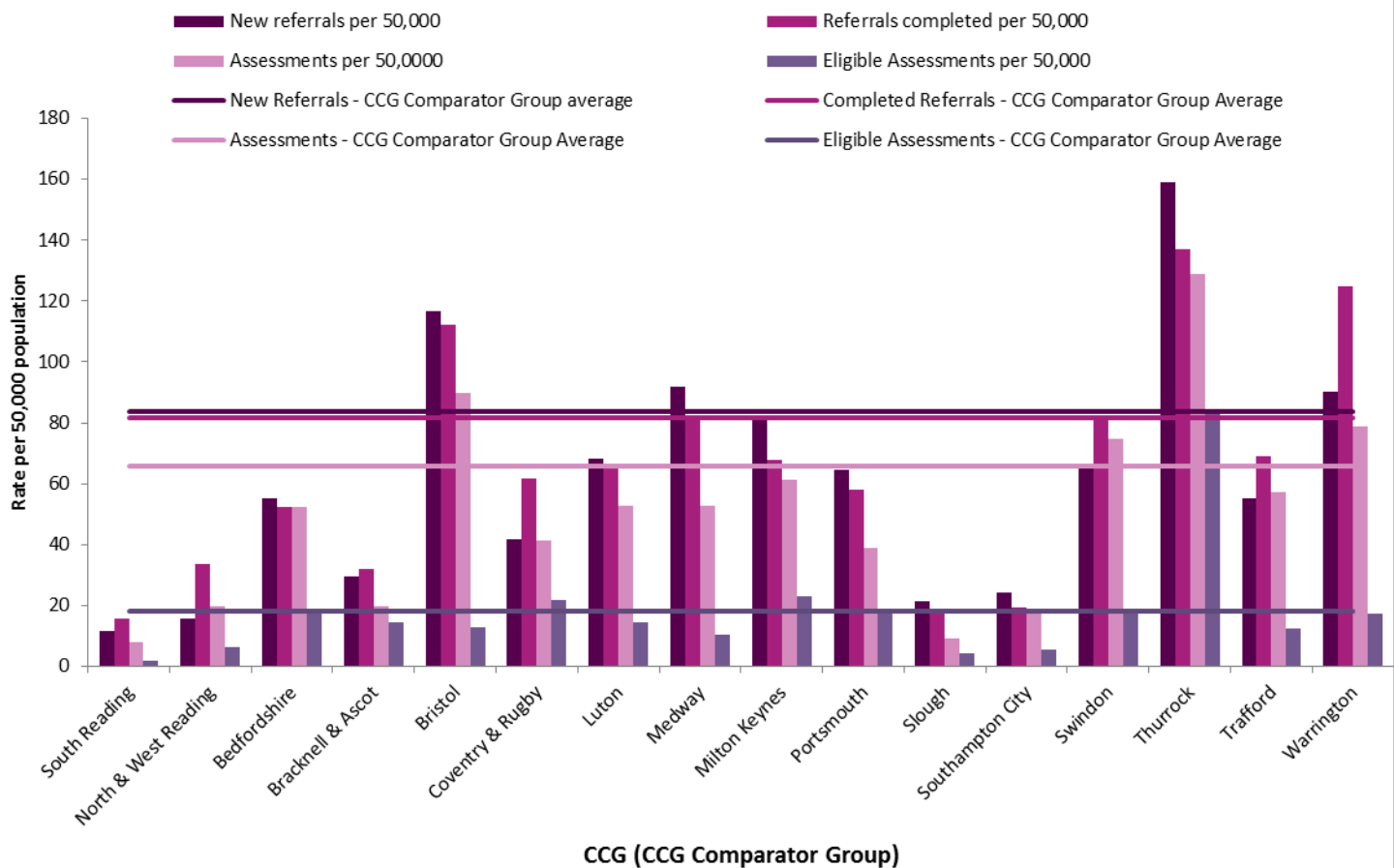
The South Reading CCG population has one of the smallest proportions of people aged 60+ or 65+ in its population in the comparator group (9% aged 65+, compared to an England average of 17% and 13% aged 60+, compared to an England average of 22%). North and West Reading CCG has the one of the highest proportions of people aged 60+ or 65+ in its population in the comparator group and is much closer to the England average (17% aged 65+, compared to 17% in England. 23% aged 60+, compared to 22% in England).

South Reading CCG, Slough CCG, and Luton CCG have the smallest proportions of people aged 60+ or 65+ in their populations (South Reading – 9% and 13%, Slough – 9% and 13%, Luton – 11% and 15%).

Analysis was undertaken of the number of new referrals, completed referrals (referrals accepted by healthcare provider), assessments and assessments where the case was assessed as eligible for CHC in the Reading CCGs and CCGs in the CCG Comparator Group during 2017/18. We calculated each as a rate per 50,000 so that they could be compared with each other.



The rate of referrals, assessments and eligibility was lower in the Reading CCGs than the average of the CCGs in the CCG Comparator Group. The number of completed referrals in Reading CCGs was greater than the number of new referrals. Further analysis showed a spike in completed referrals in Q2, together with a sharp decrease between Q1 and Q2 in the number of referrals that had taken more than 28 days, suggesting that some older referrals may have been cleared at this point. If this is so, the rate of eligibility might be expected to be lower where no accumulation of referrals exists.

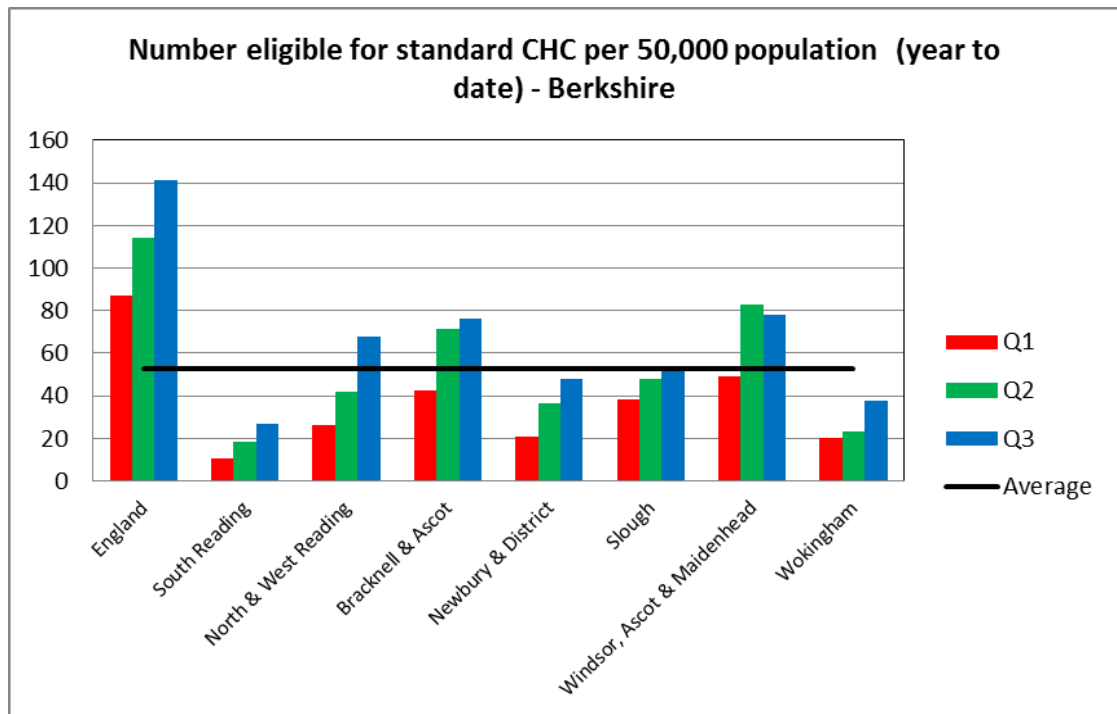


Comparisons were made of the rates of individual CCGs in the CCG Comparator Group. There is some variation between different areas, but the rates in Reading CCGs are considerably lower than elsewhere. Notably, the rates in both South and North and West Reading are lower than those of the other CCGs with a low proportion of people aged 60+ or 65+.

CCG	New Referrals (rate per 50,000)	Completed Referrals (rate per 50,000)	Assessments (rate per 50,000)	Assessed as eligible (rate per 50,000)
South Reading	11.74	15.51	7.97	1.68
North and West Reading	15.57	33.44	19.60	6.34
Slough	21.25	17.85	9.35	4.25
Luton	68.20	66.76	52.95	14.67

### Comparisons with local Berkshire CCG's

The table below is concentrated on local Berkshire CCGs, and shows the total eligible for CHC funding per 50,000 population in Berkshire CCGs. Although North and West Reading was above the average in quarter 3, at 63 people per 50,000 of the population, overall the total was low. All Berkshire CCGs were lower than the England average with a difference of 60 eligible per 50,000 population in quarter 3 between the England average and Windsor, Maidenhead and Ascot CCG which reported the highest eligibility for this time period.



**Note:**

The comparator boroughs are those with similar populations and demographics identified using the data systems Protecting Adult Needs and Service Information System and Projecting Older People Population Information. However, the data relates to CCGs and is not coterminous with Local Authorities so is not a direct comparison. Data for CCG Berkshire West has not been included, as it is a relatively small proportion of the total, it is estimated that RBC residents in the Tilehurst area comprise around 10% of the applications made to this CCG.